

Form

1040Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return**2017**

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1—Dec. 31, 2017, or other tax year beginning

, 2017, ending

, 20

See separate instructions.

Your first name and initial

JOEL

Last name

VENTRESCA

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

▲ Make sure the SSN(s) above
and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Presidential Election Campaign
Check here if you, or your spouse
if filing jointly, want \$3 to go to this
fund. Checking a box below will
not change your tax or refund.

Foreign country name

Foreign province/state/country

Foreign postal code

☐ You ☐ Spouse**Filing Status**

- 1 ☒ Single
 2 ☐ Married filing jointly (even if only one had income)
 3 ☐ Married filing separately. Enter spouse's SSN above
 and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If
 the qualifying person is a child but not your dependent, enter this
 child's name here. ▶

5 ☐ Qualifying widow(er) (see instructions)

Check only one
box.**Exemptions**

- 6a ☒ **Yourself.** If someone can claim you as a dependent, do not check box 6a
 b ☐ **Spouse**

Boxes checked on 6a and 6b **1****c Dependents:**

(1) First name Last name

(2) Dependent's
social security number(3) Dependent's
relationship to you(4) ☒ If
child under
age 17 qual-
ifies for child
tax credit
(see instr.)

No. of children
on 6c who:
 • lived with you
 • did not live with
 you due to divorce
 or separation
 (see instructions)

Dependents on 6c
not entered aboveAdd numbers on
lines above ▶ **1****d Total number of exemptions claimed**If more than four
dependents, see
instructions and
check here ▶ ☐**Income**

Attach Form(s)
W-2 here. Also
attach Forms
W-2G and
1099-R if tax
was withheld.

If you did not
get a W-2,
see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	81,940
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	2,251
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	6,150
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	90,341

**Adjusted
Gross
Income**

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN ▶	31b	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	90,341

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **1040** (2017)

38 Amount from line 37 (adjusted gross income)		38	90,341
Tax and Credits	39a Check ☒ You were born before January 2, 1953, ☐ Blind. ☐ Spouse was born before January 2, 1953, ☐ Blind. Total boxes checked 39a 1		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b ☐		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	38,712
	41 Subtract line 40 from line 38	41	51,629
	42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	47,579
	44 Tax (see instr.). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	7,633
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
	47 Add lines 44, 45, and 46	47	7,633
	48 Foreign tax credit. Attach Form 1116 if required	48	
	49 Credit for child and dependent care expenses. Attach Form 2441	49	
	50 Education credits from Form 8863, line 19	50	
	51 Retirement savings contributions credit. Attach Form 8880	51	
	52 Child tax credit. Attach Schedule 8812, if required	52	
	53 Residential energy credits. Attach Form 5695	53	
	54 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54	
55 Add lines 48 through 54. These are your total credits	55		
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	7,633	
Other Taxes	57 Self-employment tax. Attach Schedule SE	57	
	58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a Household employment taxes from Schedule H	60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61 Health care: individual responsibility (see instructions) Full-year coverage ☒	61	
	62 Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	62	
	63 Add lines 56 through 62. This is your total tax	63	7,633
	64 Federal income tax withheld from Forms W-2 and 1099	64	13,588
	65 2017 estimated tax payments and amount applied from 2016 return	65	
Payments If you have a qualifying child, attach Schedule EIC.	66a Earned income credit (EIC)	66a	
	b Nontaxable combat pay election 66b	66b	
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	
	69 Net premium tax credit. Attach Form 8962	69	
	70 Amount paid with request for extension to file	70	
	71 Excess social security and tier 1 RRTA tax withheld	71	
	72 Credit for federal tax on fuels. Attach Form 4136	72	
	73 Credits from Form: a ☐ 2439 b ☒ Reserved c ☐ 8835 d ☐	73	
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	13,588
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	5,955
	76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ☐	76a	5,955
	b Routing number XXXXXXX c Type: ☐ Checking ☐ Savings		
Amount You Owe	d Account number XXXXXXXXXXXXXXXXXXXX		
	77 Amount of line 75 you want applied to your 2018 estimated tax	77	
78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78		
79 Estimated tax penalty (see instructions)	79		
Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No			
Designee's name CARLOS A. AUSEJO, E. A.		Personal identification number (PIN) XXXXXX	
		Phone no. 415-239-6984	
Sign Here Joint return? See instr. Keep a copy for your records.	Your signature CARLOS A. AUSEJO, E. A.		Date 02/28/18
	Your occupation FINANCE ANALYST		Daytime phone number
	Spouse's signature. If a joint return, both must sign.		Date
	Spouse's occupation		If the IRS sent you an identity Protection PIN, enter it here (see instr.)
Print/Type preparer's name CARLOS A. AUSEJO, E. A.		Preparer's signature CARLOS A. AUSEJO, E. A.	
Paid CARLOS A. AUSEJO, E. A.		Date 02/28/18	
Preparer's name CARLOS A. AUSEJO, E. A.		Check ☐ If self-employed ☐ PTIN P00102512	
Preparer's address 4951 MISSION STREET		Firm's EIN 94-3134406	
SAN FRANCISCO		Phone no. 415-239-6984	
CA 94112-3415			

SCHEDULE A
(Form 1040)**Itemized Deductions**

OMB No. 1545-0074

2017Attachment
Sequence No. **07**▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.

▶ Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.Department of the Treasury
Internal Revenue Service

(99)

Name(s) shown on Form 1040

Your social security number

JOEL VENTRESCA

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 7.5% (0.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5 State and local (check only one box):			
a	☒ Income taxes, or	5	5,744		
b	☐ General sales taxes				
6	Real estate taxes (see instructions)	6	7,229		
7	Personal property taxes	7	125		
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9			13,098
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	24,469
Note: Your mortgage interest deduction may be limited (see instructions).		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶		11	
				12	
		12 Points not reported to you on Form 1098. See instructions for special rules		12	
		13 Mortgage insurance premiums (see instructions)		13	
		14 Investment interest. Attach Form 4952 if required. See instructions.		14	
		15 Add lines 10 through 14		15	24,469
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	1,145
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	1,145
Casualty and Theft Losses		20 Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions.		21	1,586
		Union Dues - Form(s) W-2		22	
		22 Tax preparation fees		23	
		23 Other expenses—investment, safe deposit box, etc. List type and amount ▶		24	1,586
		24 Add lines 21 through 23		25	90,341
		25 Enter amount from Form 1040, line 38		26	1,807
		26 Multiply line 25 by 2% (0.02)		27	0
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		28	
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount ▶		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$156,900?		29	38,712
		☒ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		☐ Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
		30 If you elect to itemize deductions even though they are less than your standard deduction, check here			

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2017

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2017
Attachment
Sequence No. **12**

Name(s) shown on return

JOEL VENTRESCA

Your social security number

Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 0

Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	725,000	475,000	-250,000	0
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 0

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2017

JOEL VENTRESCA

Schedule D (Form 1040) 2017

Page **2****Part III Summary****16** Combine lines 7 and 15 and enter the result**16**

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

- ☐ **Yes.** Go to line 18.
- ☒ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet**18****19** If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet**19****20** Are lines 18 and 19 **both** zero or blank?

- ☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). **Don't** complete lines 21 and 22 below.
- ☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
- (\$3,000), or if married filing separately, (\$1,500)

21**Note:** When figuring which amount is smaller, treat both amounts as positive numbers.**22** Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

- ☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).
- ☒ **No.** Complete the rest of Form 1040 or Form 1040NR.

Schedule D (Form 1040) 2017

Form **1040X****Amended U.S. Individual Income Tax Return**

OMB No. 1545-0074

(Rev. January 2018)

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year ☒ 2017 ☐ 2016 ☐ 2015 ☐ 2014
 Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial.

JOEL

Last name

VENTRESCA

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Your phone number

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name

Foreign province/state/county

Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.

☒ Single ☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)
☐ Married filing jointly ☐ Married filing separately ☐ Qualifying widow(er)

Full-year coverage.

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No." See instructions.

☒ Yes ☐ No

Use Part III on the back to explain any changes

Income and Deductions

	A. Original amount or as previously adjusted (see instructions)	B. Net change — amount of increase or (decrease) — explain in Part III	C. Correct amount
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ☐	1 90,341	2,370	92,711
2 Itemized deductions or standard deduction	2 38,712	204	38,916
3 Subtract line 2 from line 1	3 51,629	2,166	53,795
4 Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29	4 4,050		4,050
5 Taxable income. Subtract line 4 from line 3	5 47,579	2,166	49,745

Tax Liability

6 Tax. Enter method(s) used to figure tax (see instructions): Tables	6 7,633	537	8,170
7 Credits. If general business credit carryback is included, check here ☐	7 0		
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8 7,633	537	8,170
9 Health care: individual responsibility (see instructions)	9 0		
10 Other taxes	10 0		
11 Total tax. Add lines 8, 9, and 10	11 7,633	537	8,170

Payments

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12 13,588	628	14,216
13 Estimated tax payments, including amount applied from prior year's return	13 0		
14 Earned income credit (EIC)	14 0		
15 Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):	15 0		

16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed

16

17 Total payments. Add lines 12 through 15, column C, and line 16

17

14,216

Refund or Amount You Owe

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18 5,955
19 Subtract line 18 from line 17 (If less than zero, see instructions.)	19 8,261
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference	20
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21 91
22 Amount of line 21 you want refunded to you	22 91
23 Amount of line 21 you want applied to your (enter year): estimated tax 23	

Complete and sign this form on Page 2.

JOEL VENTRESCA

Form 1040X (Rev. 1-2018)

Page **2****Part I Exemptions**

Complete this part **only** if any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

	A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24 Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself	24		
25 Your dependent children who lived with you	25		
26 Your dependent children who didn't live with you due to divorce or separation	26		
27 Other dependents	27		
28 Total number of exemptions. Add lines 24 through 27	28		
29 Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form	29		
30 List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				☐
				☐
				☐
				☐

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.

INCORRECT W2 WAS ENTERED ON ORIGINAL RETURN.

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sign Here

FINANCE ANALYST						
<table border="0"> <tr> <td>_____ Your signature</td> <td>_____ Date</td> <td>_____ Your occupation</td> </tr> <tr> <td>_____ Spouse's signature. If a joint return, both must sign.</td> <td>_____ Date</td> <td>_____ Spouse's occupation</td> </tr> </table>	_____ Your signature	_____ Date	_____ Your occupation	_____ Spouse's signature. If a joint return, both must sign.	_____ Date	_____ Spouse's occupation
_____ Your signature	_____ Date	_____ Your occupation				
_____ Spouse's signature. If a joint return, both must sign.	_____ Date	_____ Spouse's occupation				

Paid Preparer Use Only

CARLOS A. AUSEJO, E. A. Preparer's signature	09/17/19 Date	CARLOS A. AUSEJO, E.A. Firm's name (or yours if self-employed)
4951 MISSION STREET SAN FRANCISCO CA 94112-3415 Firm's address and ZIP code		
CARLOS A. AUSEJO, E. A. Print/type preparer's name	☐ Check if self-employed	415-239-6984 Phone number
P00102512 PTIN		94-3134406 EIN